PATENT APPLICATION FEE DETERMINATION RECORD

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Effective October 1, 2001

Application or Docket Number
020431-/056

CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL ENTITY TYPE		OTHER T									
TOTAL CLAIMS							ſ	RATE	FEE	[RATE	FEE							
FOR			NUMBER FILED		NUMB	ER EXTRA	Ī	BASIC FEE	370.00	OR	BASIC FEE	740.00							
TOTAL CHARGEABLE CLAIMS			50 minus 20= 1		*	30		X\$ 9=		OR	X\$18=	540							
IND	EPENDENT CL	AIMS	minus 3 = *		ځ *			X42=		OR	X84=	420							
MULTIPLE DEPENDENT CLAIM PRESENT							ţ	+140=	,	OR	+280=								
* If the difference in column 1 is less than zero, enter "0" i					r "0" in c	olumn 2	L	TOTAL		OR	TOTAL	1700							
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL E	ENTITY	OR	OTHER SMALL								
ENT A		CLAIMS REMAINING AFTER AMENDMENT				PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
AMENDMENT A	Total	· 3/,	Minus	** 5	Q	=		X\$ 9= _.		ÓЯ	X\$18=								
	Independent	· H	Minus	***	<u> </u>	=		X42=		OR	X84=								
Ù	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	TCLAIM			+140=		OR	+280=								
							L	TOTAL WDIT. FEE		ا م	TOTAL ADDIT. FEE								
				_	•	ryvii. i LE													
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE							
NDW	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=								
AME	Independent	*	Minus	***	T () A124	=		X42=		OR	X84=								
L	FIRST PRESE	NTATION OF M	ULTIPLE DEF	ENDEN	CLAIM		'	+140=		OR	+280=								
							L	TOTAL ADDIT. FEE			TOTAL ADDIT. FEE								
	·	(Column 1)			ımn 2)	(Column 3)				•									
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE							
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=								
	Independent	*	Minus	***	T CL AU]=		X42=		OR	X84=								
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						'	+140=		OR	+280=								
*	if the entry in colu	mn 1 is less than t	he entry in colu	mn 2, writ	le "O" in co	lumn 3. In 20. enter *20.	. L	TOTAL		OB.	TOTAL								
***	If the "Highest Nu	mber Previously F	aid For" IN THI	S SPACE	is less tha	in 3, enter "3."		** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											